



# UPDATE

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## BLOOD LEAD SCREENING RATES

Medicaid Lead Testing rates among  
 FP/GPs and Pediatricians, 7/1/98-6/30/99

Rank	Family Practice	Age One	% with 1+ Test*
1	Laurie Ludington	16	68.8%
2	D. L. Jeanotte	12	58.3%
3	Deborah Learson	15	53.3%
4	Noah Nesin	19	52.6%
5	Merrill R. Farrand Jr.	12	50.0%
6	Kerry Crowley	14	50.0%
7	D. Axelman	14	50.0%
8	Gust S. Stringos	18	44.4%
9	A. Dorney	26	42.3%
10	Marvin J. Lee	12	41.7%
Rank	Pediatrics	Age One	% with 1+ Test*
1	Maria Cuda	14	92.9%
2	Gautam S. S. Popli	18	83.3%
3	Maria S. J. Noval	16	81.3%
4	Ann P. Simmons	25	80.0%
5	John Miller	14	78.6%
6	C. E. Danielson	13	76.9%
7	Wenda L. Saunders	30	76.7%
8	Wenda L. Saunders	15	73.3%
9	Rochester Ped. Assoc.	14	71.4%
10	William T. Whitney	55	65.5%

\*Percentage of one-year-olds with 1+ lead screening.

## NURSING FACILITIES IMMUNIZATION REPORT & FUTURE PLANS

The Bureau of Medical Services considers Pneumonia and Influenza Immunization of Medicaid recipients over the age of sixty-five to be an integral part of the preventative health program for adults. It is the overall goal of the Bureau to improve the health of all elder adults at risk of pneumonia/ influenza through improving their immunization status.

In the fall of 1999, the Bureau of Medical Services, Quality Management Unit conducted a survey of all licensed nursing facilities to determine the pneumonia and influenza immunization rates. A total of 133 licensed nursing facilities received a roster list of Medicaid recipients. Each nursing facility was required by Medicaid Policy (Chapter 2, Section 67.05-20) to verify, document and report to the Bureau the immunization status of each Medicaid recipient within the facility.

As of March 1, 2000, 105 of the 133 licensed facilities have responded with immunization data. Of the respondents 78.5% of the nursing home population were immunized against pneumonia and 83 % were immunized against the 1999-2000 Influenza virus.

The Bureau of Medical Services in conjunction with the Bureau of Health will be working to develop a mailing to all Primary Care Providers (PCP's), which will list the providers panel of Medicaid recipients with their immunization status (if known). This measure is designed to assist the PCP in evaluating recipient's immunization status. It is the Bureau of Medical Services desire to enter all immunization data into a database that will be available to PCP's when determining a recipients immunization status during future Influenza seasons.

*continued...*

### Individuals who should be immunized include:

- Any adult 65 or older.
- Any adult who has a chronic illness or other risk factors including chronic cardiac, pulmonary, or liver diseases, alcoholism, diabetes mellitus, renal disease or failure,
- All health care workers should be immunized against Influenza to protect anyone they care for who may be at risk.

### Common Misconceptions about Pneumonia and Influenza Immunizations:

- *If the Pneumonia status of the individual is unknown it is dangerous to re-administer the immunization.*

This is FALSE!!! Studies have shown that Pneumonia immunization can safely be given more than once without causing side effects.

- *If the person has had the Pneumonia vaccine within the last 10 years they do not need to receive the immunization again.* FALSE. The CDC is recommending a follow up pneumonia immunization be given to individuals in high-risk categories who have not had an immunization within the last five years.

- *The Immunizations may cause the recipient to have symptoms.* This is FALSE. Studies have shown that the recipient who experiences cold symptoms shortly after the immunization had been exposed to a viral syndrome prior to the immunization.

### TOP NURSING FACILITIES WHO IMMUNIZED AGAINST PNEUMONIA:

Rank	Facility Name	# of Medicaid Recipients	% of Immunized Medicaid Recipients
1.	Dexter Health Care	50	98%
2.	Gardner Nursing Home	37	97%
3.	Ledgewood Manor	37	95%
4.	Springbrook Nursing Care Center	93	94%
5.	Highview Manor	71	93%
5.	St. Joseph's Nursing Home	41	93%

### TOP NURSING FACILITIES WHO IMMUNIZED AGAINST INFLUENZA:

Rank	Facility Name	# of Medicaid Recipients	% of Immunized Medicaid Recipients
1.	Jackman Reg'l Health Center	11	100%
2.	St Joseph's Nursing Home	41	95%
2.	Eastport Memorial Nursing Home	22	95%
2.	Ledgewood Manor	43	95%
2.	ME General @ Glenridge	88	95%
3.	Merepoint Nursing Home	17	94%
4.	Highview Manor	71	92%
4.	Courtland Rehab.	59	92%
4.	Ledgeview	61	92%
5.	Forrest Hill	46	91%
5.	Springbrook Nursing Care Center	93	91%

- *If a recipient has an allergic reaction to the influenza immunization, then they will have one with the pneumonia immunization.*

This is FALSE!!! The components of these two immunizations are very different in structure and composition. Therefore, one should not assume that a reaction will occur.

The Bureau of Medical Services looks forward to reporting immunization results from the PCP's in the spring of 2001. In addition, it is our pleasure to congratulate the top 5 Nursing Facilities for their work in achieving high Pneumonia and Influenza Immunization rates during the 1999-2000 influenza season.

# EMERGENCY ROOM USE FOR NON-EMERGENCY PURPOSES

In January of 1999 the Quality Unit began a study of emergency room usage through claims and recipient record review. It was found that 80% of all emergency room visits were for conditions that could be more appropriately treated in the physician office setting.

In February of 1999, the QI unit developed an informational fact sheet on the 5 most common illnesses that present to an emergency room. These illnesses included:

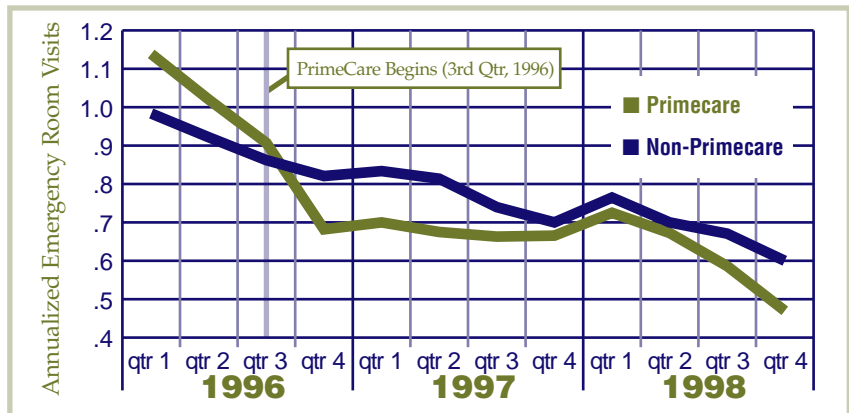
1. Earache
2. Common Cold
3. Sore Throat
4. Diarrhea
5. Nausea/Vomiting

The Quality Management Unit performed an analysis of claims data to determine the impact of the Maine PrimeCare Program on the rates of Non-Emergency room visits. The following information is the preliminary summary of findings:

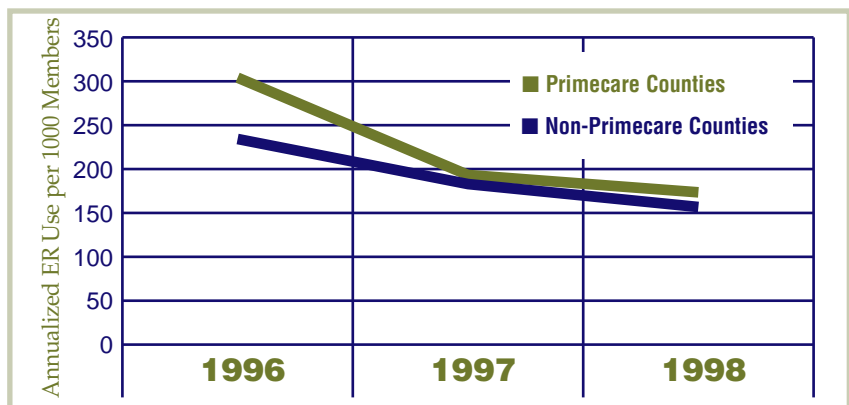
- In 1998 beneficiaries in Maine PrimeCare counties were less likely to use the emergency room than beneficiaries in other counties. From 1996 to 1998, emergency room use rate declined at a faster rate for recipients in Maine PrimeCare counties as compared to the rest of the state.
- Prior to the start of Maine PrimeCare (1996), pediatric patients in Maine PrimeCare counties were nearly 30% more likely to visit the emergency

room for conditions such as colds, ear infections and stomach pains. By 1997, pediatric ER rates in Maine PrimeCare counties were equal to the rest of the

state. Between the years 1997 and 1998 ER visits for inappropriate pediatric conditions continued to decline at a rate equivalent to the rest of the state.



This graph represents a comparison of Maine PrimeCare counties and Non-PrimeCare counties.



This graph reflects the decline in Inappropriate Pediatric ER visits over a two-year period, in counties where Maine PrimeCare has become established

## Patient Education Regarding ER Visits

As you may be aware Maine PrimeCare will be expanding statewide. This will give us an opportunity to track non-emergency visits to the emergency department. By doing this, hopefully with your help, we will be able to educate the Maine PrimeCare population regarding proper use of the emergency department services.

We are currently developing additional fact sheets on the most common reasons for emergency department visits by the Maine PrimeCare population. If you have any recommendations regarding these fact sheets or any other suggestions for educational materials please call one of the following Quality Management staff at 1-800-321-5557:

—Jean Lloyd RN, Health Services Consultant, ext. 7-1068

—Allyson Rushing RN, Health Services Consultant, ext. 7-1066

# FACCT SURVEY

The Maine Department of Human Services and the Foundation for Accountability (FACCT) have begun a joint project which is designed to pilot a Promoting Healthy Development Survey for Medicaid Recipients.

This survey project has three specific objects, which are:

1. *To evaluate the quality of care for low-income children.*
2. *To correlate parents' perceptions with provider documentation on encounter forms.*
3. *To develop a report on policy implications and strategies for deployment including consumer reporting and provider feedback.*

The surveys were sent to 4,200 caseheads with Maine Medicaid eligible children between 3 and 48 months of age. The survey results will be analyzed and compared to Bright Future Assessment forms to determine if parent/ guardian opinion on services differs from that of actual encounter information provided on the Bright Futures form. The aggregate data will be compiled and distributed to providers at the end of the project.

Maine Medicaid believes this information will be helpful in determining recipients perception of Maine Providers as well as the overall effectiveness of Maine Managed Care programs. This information will also help to assess the recipient's perceptions of needed services and education.

Parents and guardians have been asking many questions regarding this survey process. The most frequently asked questions are as follows:

- **Is this survey going to affect my eligibility status or am I going to be penalized for not completing the survey?**

The recipient *will not* be penalized in any manner for failure to complete the survey. The survey *will not* impact the eligibility status of recipients.

- **Will my name be given out as a survey responder?**

Once the survey is received, all information that may potentially identify a recipient will be removed. *No specific information will be given out that could be associated with a recipient regardless of whether they complete the survey or not.* Once the survey is completed, only aggregate information will be released. An example might be that 31 individuals responded yes to question one.

*Should a provider receive questions from recipients or have questions regarding this survey, Maine Medicaid would like to encourage you or the recipient to call 1-877-289-0383.*

## BRIGHT FUTURES

As you are aware, the Bureau of Medical Services has adopted the Bright Futures "Guidelines for Health Supervision for Infants, Children and Adolescents" as our standard for the Bureau's EPSDT Program.

The Bureau of Health Immunization Program, our partners in promoting healthy children enrolled in Maine Medicaid, have visited many provider offices to talk about the recommendations contained in Bright Futures. They have come back to BMS with many requests for materials that you can use to talk with families about the specifics and the importance of the Bright Futures standards.

Enclosed are materials that have been created specifically for this purpose. Please note that the immunization schedule contained in these materials is current as of today but may change over time, so you need to make sure any new changes communicated to you by the immunization program are reflected in your discussions with families.

We welcome any suggestions for future changes and hope that you will find these materials helpful in promoting preventive services for optimum health.

Our new EPSDT Coordinator, Pam Cobb, is available for any comments or suggestions and can be reached at the Bureau of Medical Services, 11 State House Station, 249 Western Avenue, Augusta, Maine, 04333, by email at [Pam.Cobb@state.me.us](mailto:Pam.Cobb@state.me.us), or at 287-1069.

In Accordance with Title VI of the Civil Rights Act of 1964 (42 USC § 1981, 2000d et. seq.) Section 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), the Age of Discrimination Act 1975, as amended (42 USC § 12131 et. seq.), and Title IX of the Education Amendments of 1972, (34 CFR Parts 100, 104, 106 and 110), the Maine Department of Human Services does not discriminate on the basis of sex, race, color, national origin, disability or age in admission or access to or treatment or employment in its programs and activities. Ann Twombly, Civil Rights Compliance Coordinator, has been designated to coordinate our efforts to comply with the US Department of Health and Human Services regulations (45 CFR Parts 80, 84 and 91), the Department of Justice regulations (28 CFR Part 35), and the US Department of Education regulations (34 CFR Part 106), implementing these Federal laws. Inquiries concerning the application of these regulations and our grievance procedures for resolution of complaints alleging discrimination may be referred to Ann Twombly at 221 State Street, Augusta, Maine 04333, Telephone number: (207) 287-3488 (voice) or 800-332-1003 (TDD), or Assistance Secretary of the Office of Civil Rights of the applicable department (e.g. the Department of Education), Washington, D.C.